



MEDICAL FEE DISPUTE RESOLUTION FINDINGS AND DECISION

PART I: GENERAL INFORMATION

Requestor Name and Address: PRIDE 5701 MAPLE AVENUE SUITE #100 DALLAS TX 75235	MFDR Tracking #: M4-11-0077-01
	DWC Claim #:
	Injured Employee:
	Date of Injury:
Respondent Name and Box #: TEXAS MUTUAL INSURANCE CO Box #:54	Employer Name:
	Insurance Carrier #:

PART II: REQUESTOR'S POSITION SUMMARY

Requestor's Position Summary: "The attached claim was denied for timely filing by the carrier, Texas Mutual Insurance Company that this claim was not submitted within the filing deadline. Attached is all the necessary documentation to support that the provider, Pride, submitted this claim within the timely filing limits. Therefore we feel that this claim should be reimbursed at the TWCC maximum allowable reimbursement of \$125.00 per hour. Total maximum allowable reimbursement of \$1,000.00."

Amount in Dispute: \$1,000.00

PART III: RESPONDENT'S POSITION SUMMARY

Respondent's Position Summary: "The requestor does not have a clear idea of what its process is for bill submission, if its representations regarding the disputed bill in question are any indication. 3. These are the facts as Texas Mutual sees them. P2P appears to be an electronic vendor clearing house used by the requestor. P2P does not have electronic connectivity with Texas Mutual. The requestor electronically submits its bills to P2P. P2P receives the electronic submission of the bill, prints out the bill, then mails it to the appropriate party. The requestor itself does not actually print out the bill and mail it to Texas Mutual. Because it does not, it must rely on the electronic vendor to do so. 4. To Texas Mutual the preponderance of the information submitted by the requestor does not overcome the confusion manifested by the requestor's various representations of how and when the bill was submitted. On the other hand, Texas Mutual is a large insurance company that receives many, many bills each month...Most of the time the system for sending, receiving and auditing workers' compensation bills, as established originally by the 133 series of rules, works successfully. After all, Texas Mutual did receive the other pain management bills submitted by the requestor. 5. In this particular case Texas Mutual will offer, in view of the above, to pay half the MAR as a way to resolve the confusion and ambiguity that shades the dispute bill."

PART IV: SUMMARY OF FINDINGS

Dates of Service	Disputed Services	Calculations	Amount in Dispute	Amount Due
09/18/2009	97799	\$125.00 (CARF accredited) x 8 hours	\$1,000.00	\$1,000.00
			Total Due:	\$1,000.00

PART V: FINDINGS AND DECISION

This medical fee dispute is decided pursuant to Texas Labor Code §413.031 and all applicable, adopted rules of the Texas Department of Insurance, Division of Workers' Compensation.

Background

- 28 Tex. Admin. Code §133.307 sets out the procedures for health care providers to pursue a medical fee dispute.
- 28 Tex. Admin. Code §133.20 sets out the procedures for health care providers to submit workers' compensation medical bills for reimbursement.

3. 28 Tex. Admin. Code §134.204 sets out the fee guidelines for the reimbursement of workers' compensation specific codes, services and programs provided on or after March 1, 2008.
4. The services in dispute were reduced/denied by the respondent with the following reason codes:
Explanation of benefits 02/02/2010
 - CAC-29 THE TIME LIMIT FOR FILING HAS EXPIRED
 - 731 134.801 & 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE FOR SERVICE ON OR AFTER 9/1/05Explanation of benefits 03/01/2010
 - CAC-W4 NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
 - CAC-29 THE TIME LIMIT FOR FILING HAS EXPIRED
 - 731 134.801 & 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE FOR SERVICE ON OR AFTER 9/1/05
 - 891 THE INSURANCE COMPANY IS REDUCING OR DENYING PAYMENT AFTER RECONSIDERATIONExplanation of benefits 03/19/2010
 - CAC-W4 NO ADDITIONAL REIMBURSEMENT ALLOWED AFTER REVIEW OF APPEAL/RECONSIDERATION.
 - CAC-29 THE TIME LIMIT FOR FILING HAS EXPIRED
 - 731 134.801 & 133.20 PROVIDER SHALL NOT SUBMIT A MEDICAL BILL LATER THAN THE 95TH DAY AFTER THE DATE OF SERVICE FOR SERVICE ON OR AFTER 9/1/05
 - 891 THE INSURANCE COMPANY IS REDUCING OR DENYING PAYMENT AFTER RECONSIDERATION

Issues

1. Did the requestor submit the medical bill for the services in dispute timely and in accordance with 28 Tex. Admin. Code §133.20?
2. Did the requestor submit documentation to support the disputed bills were submitted timely in accordance with Texas Labor Code, Sections 408.027 and 102.4?
3. Is the requestor entitled to reimbursement?

Findings

1. Pursuant to 28 Tex. Admin. Code §133.20(b) states in pertinent part "Except as provided in Labor code §408.0272...a health care provider shall not submit a medical bill later than the 95th day after the date the services are provided." No documentation was found to support that §408.0272 applies to the service in dispute, for that reason, the health care provider and requestor in this dispute were required to send the medical bill no later than 95 days after the service in dispute was provided. 28 Tex. Admin. Code §102.4(h) states "Unless the great weight of evidence indicates otherwise written communications shall be deemed to have been sent on: (1) the date received, if sent by fax, personal delivery or electronic transmission or, (2) the date postmarked if sent by mail via United States Postal Service regular mail, or, if the postmark date is unavailable, the later of the signature date on the written communication or the date it was received minus 5 days. If the date received minus five days is a Sunday or legal holiday, the date deemed sent shall be the next previous day which is not a Sunday or legal holiday."
2. Review of the documentation submitted by the requestor finds a position statement, three EOB's from Texas Mutual Insurance with print dates 02/02/2010, 03/01/2010 & , 03/19/2010, a copy of the medical bill submitted with the printed date "09/20/09" in box 31, Copy of requestor system notes submission of bill to electronic vendor clearing house on 10/06/2009 and a copy of the electronic vendor clearing house P2P Status log for date of service 9/18/2009 showing bill printed and mailed to Texas Mutual on 10/8/2009).
3. The documentation submitted sufficiently supports that the medical bill was submitted to the respondent within 95 days from the date the service in accordance with Tex. Labor Code §408.027. Reimbursement is recommended pursuant to 28 Tex. Admin. Code §134.204.

Conclusion

For the reasons stated above, the division finds that the requestor has established that additional reimbursement is due. As a result, the amount ordered is \$1,000.00.

PART VI: ORDER

Based upon the documentation submitted by the parties and in accordance with the provisions of Texas Labor Code §413.031 and §413.019 (if applicable), the Division has determined that the requestor is entitled to reimbursement for the services involved in this dispute. The Division hereby **ORDERS** the respondent to remit to the requestor the amount of \$1000.00 plus applicable accrued interest per Division rule at 28 Texas Administrative Code §134.130 due within 30 days of receipt of this Order.

Authorized Signature

Medical Fee Dispute Resolution Officer

Date

PART VII: YOUR RIGHT TO REQUEST AN APPEAL

Either party to this medical fee dispute has a right to request an appeal. A request for hearing must be in writing and it must be received by the DWC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision. A request for hearing should be sent to: Chief Clerk of Proceedings, Texas Department of Insurance, Division of Workers Compensation, P.O. Box 17787, Austin, Texas, 78744. **Please include a copy of the Medical Fee Dispute Resolution Findings and Decision** together with other required information specified in Division rule at 28 Texas Administrative Code §148.3(c).

Under Texas Labor Code Section 413.0311, your appeal will be handled by a Division hearing under Title 28 Texas Administrative Code Chapter 142 rules if the total amount sought does not exceed \$2,000. If the total amount sought exceeds \$2,000, a hearing will be conducted by the State Office of Administrative Hearings under Texas Labor Code Section 413.031.

Si prefiere hablar con una persona en español acerca de ésta correspondencia, favor de llamar a 512-804-4812.